STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034019	A. BUILDING: _____ B. WING _____	R 10/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C R T - GOLDEN LAMB REST HOME	1515 GOLDEN LAMB COURT WINSTON SALEM, NC 27105

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a Follow-up survey October 18-20, 2016, with exit via telephone on October 20, 2016.	{D 000}		
{D 079}	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to repair floors and walls in 2 of 4 residents' common bathrooms. The findings are: A. Observation on 10/18/16 from 9:50 am until 10:20 am of the resident common bathroom (room #103) revealed: A drain in the floor was in front of the right toilet stall and residents had to step on or across the drain to enter the stall. -The tile around the drain was missing, causing the floor to be unleveled in a 4 inch by 7.5 inch space around the drain. -The depth of the space with missing tile was ½ inch deep. -The missing tile was a potential tripping hazard for the residents because of the uneven surface.	{D 079}		

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{D 079}	Continued From page 1 Interview on 10/18/16 at 10:43 am with the housekeeping supervisor revealed: -He cleaned bathroom #103; he was aware of the missing tile on the floor and at the back of the toilet. -It was not his responsibility to complete repairs. -He had observed the space between the toilet in the left stall and the floor, but was unaware the toilet in the left stall was loose from the floor and moved. -He was unaware if the Administrator was aware of the needed repairs in common bathroom #103. -He had not observed any residents fall or trip in the bathroom due to the missing title around the floor drain. Confidential interview with three residents revealed: -They were aware the drain in front of the right bathroom stall was missing tile around the drain. -Because the tiles around the floor drain was missing they used another bathroom or stepped over the drain. Refer to interview on 10/18/16 at 4:55 pm with the Administrator. B. Observation on 10/18/16 at 9:50 am until 10:20 am of another resident common bathroom (room #115) revealed: -A drain in the floor had a metal cover with various square holes in front of the right toilet stall had 1 inch by inch square titles around the metal drain. -There were several tile missing around the drain causing the floor to be unleveled in a 4 inch by 6.5 inch circular space around the drain. -The depth of the space with missing tile was ½ inch deep.	{D 079}		

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{D 079}	Continued From page 2 -Residents had to step across the drain to use the toilet. -The missing tile was a hazard for the residents and risk for falls. Confidential interview with three residents revealed: -They used bathroom #115 and stepped over the drain with the missing tile. -The tile had been missing around the drain for at least two or more years. -The residents did not inform staff of the missing title but was sure housekeeping and maintenance were aware because they were often in the bathroom and you couldn't miss not seeing the tile was missing around the drain. Refer to interview on 10/18/16 at 4:55 pm with the Administrator. _____ Interview on 10/18/16 at 4:55 pm with the Administrator revealed: -She was unaware of the tile missing around the drain in both common bathrooms #103 and #115. -She got busy and forgot about the needed repairs. -She would see that all needed repairs were completed. -She was responsible for ensuring repairs were completed as needed.	{D 079}		
{D 091}	10A NCAC 13F .0306(b)(5)(6) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:	{D 091}		

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{D 091}	Continued From page 3 (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure 7 of 20 (#105, #112, #113, #123, #124, #139, and #140) rooms occupied by two residents had at least 1 comfortable chair for each resident. The findings are: Observation on 10/18/16 from 9:50 am until 10:20 am of resident rooms revealed: -Two residents resided in room #105; there was only 1 chair for either resident or guest. -Two residents resided in room #112; there was only 1 chair for either resident or guest. -Two residents resided in room #113; there were no chairs. -Two residents resided in room #123; there was only 1 chair for either resident or guest. -Two residents resided in room #124; there was only 1 chair for either resident or guest. -Two residents resided in room #139; there was only 1 chair for either resident or guest. -Two residents resided in room #140; there was only 1 chair for either resident or guest. Interview on 10/18/16 at 11:10 am with a resident who resided in room #105 revealed: -He resided in the facility for "about 1 year," and had never had two chairs in the room. -If his roommate was sitting in the chair, then he sat on the bed, and the same for if he was sitting	{D 091}		

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{D 091}	Continued From page 4	{D 091}		

in the chair the roommate sat on the bed.
-He did not really have visitors, but if when someone came to visit him they sat in the chair and he sat on the bed.

Interview on 10/18/16 at 11:50 am with a resident who resided in room #113 revealed:
-She resided at the facility for a few months, maybe since July 2016, and there had been no chairs in her room.
-She had to always sit on the bed.
-Her and her roommate both sat on their beds or in the hallway.

Interview on 10/18/16 at 11:15 am with a resident who resided in room #124 revealed:
-She had resided in the facility since May 2015, and there had never been two chairs in the room.
-They felt there was no space in the room for another chair because her roommate had large bags of clothes behind the door.
-She had always sat or laid down on the bed when in the room.

Based on observation and attempt interview on 10/18/16 it was determined that one of the residents in room #140 was not interviewable.

The second resident in room #140 out of the facility and not available for interview.

Interview on 10/18/16 at 4:17 pm with the Administrator revealed:
-She had purchased brand new chairs for the facility.
-Without asking her, staff put the chairs in the common sitting areas inside and outside the facility, and threw away the old chairs, so no chairs were put into residents rooms.
-She was aware in July 2016, each resident did

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{D 091}	Continued From page 5 not have a comfortable chair. -She will get more chairs for each resident to have a chair in their room.	{D 091}		
{D 093}	10A NCAC 13F .0306(b)(8) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (8) a light overhead of bed with a switch within reach of person lying on bed; or a lamp. The light shall provide a minimum of 30 foot-candle power of illumination for reading. This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure each resident had a functioning light or lamp overhead the bed with a switch within reach for 13 of 20 (#100, #101, #105, #112, #113, #116, #118, #119, #120, #123, #136, #139, and #140) resident rooms. The findings are: Observations on 10/18/16 from 9:50 am until 10:20 am revealed 13 resident rooms with 1 or no lamps (#100, #101, #105, #112, #113, #116, #118, #119, #120, #123, #136, #139, and #140) and each resident room had a light switch next to the door of the room to turn on and off the ceiling light were as follows: 1. Resident room #105 was occupied by 2 residents.	{D 093}		

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{D 093}	Continued From page 6 -Each resident had a bedside table. -No lamps were observed in the room for the residents to use when in the bed. Interview on 10/18/16 at 11:10 am with one of the residents in room #105 revealed: -He had lived at the facility for "pretty near 1 year." -There had never been lamps in the room. -When he wanted to see, he had to get up and go the light switch to turn on the ceiling light. -It would be nice to have a functioning light by the bedside. Refer to interview on 10/18/16 at 5:25 pm with the Administrator. 2. Resident room #120 was occupied by 1 resident. -The resident had a bedside table. -No lamp was observed in the room for the resident to use when in the bed. The resident in room #120 was not available for interview. Refer to interview on 10/18/16 at 5:25 pm with the Administrator. 3. Resident room #119 was occupied by 2 residents. -Each resident had a bedside table. -No lamps were observed in the room for the residents to use when in the bed. Interview on 10/18/16 at 10:41 am with both residents in room #119 revealed: -One resident was blind and did not need a lamp to see. -The second resident stated when she wanted to	{D 093}		

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{D 093}	Continued From page 7 see with light she went the light switch by door to turn on the ceiling light. Refer to interview on 10/18/16 at 5:25 pm with the Administrator. 4. Resident room #123 was occupied by 2 residents. -Each resident had a bedside table. -There was 1 lamp observed on the bedside table by the window. -The lamp was covered with items and not visible unless items were moved. -The lamp had a cord long enough to reach the electrical outlet but was not plugged into the outlet. -The other bedside table was located across the room, more than 10 feet. -There was no lamp on the other bedside table. Interview on 10/18/16 at 11:15 am with one resident in room #123 revealed: -There was a lamp on the bedside table by the window. -That was her roommate's personal lamp, but the lamp was never used. -She was unaware if the lamp was operable. -If all the items on the bedside table were moved the lamp could possibly be used. -She did not have a lamp on her side of the room. -She was used to not having a lamp and functioned okay without a lamp. Refer to interview on 10/18/16 at 5:25 pm with the Administrator. 5. Resident room #140 was occupied by 2 residents. -Each resident had a bedside table. One between the beds and one 10 feet across the room.	{D 093}		

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{D 093}	Continued From page 8 -One lamp was observed in the room but was not close for either resident to reach without getting out of bed. -The ceiling light was on, and one resident was sitting in the chair by the window reading. Based on observation and attempt interview on 10/18/16, it was determined that one of the residents in room #140 was not interviewable. The second resident in room #140 out of the facility and not available for interview. Refer to interview on 10/18/16 at 5:25 pm with the Administrator. 6. In resident room #112; there wer 2 beds with 1 lamp on top of the chest of drawers, which was located against the wall next to the room door. Both beds were not accessible to the light switch on the wall next to the entrance door of the room. The residents in room #112 were not available for interview. Refer to interview on 10/18/16 at 5:25 pm with the Administrator. 7. In resident room #124; resided 1 resident. -There was 1 lamp on top of the chest of drawers across the room, next to the window. -The lamp was more than 5 feet from the resident's bed and not accessible to the resident without getting out of bed. -The light switch to the ceiling light was on the wall next to the entrance door to the room, and not accessible unless the resident got out of bed. The resident in room #124 was not available for interview.	{D 093}		

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{D 093}	Continued From page 9 Refer to interview on 10/18/16 at 5:25 pm with the Administrator. 8. Room #116, there were 2 beds and no lamps in the room. Both beds were not accessible to the light switch on the wall next to the entrance door of the room. The residents in room #116 were not available for interview. 9. Room #118, there were 2 beds, but the room was occupied by 1 resident. -There were no lamps in the room. Both beds were not accessible to the light switch on the wall next to the entrance door of the room. The residents in room #118 were not available for interview. Refer to interview on 10/18/16 at 5:25 pm with the Administrator. 10. Room #139, there were 2 beds with no lamps in the room. Both beds were not accessible to the light switch on the wall next to the entrance door of the room. The residents in room #139 were not available for interview. Refer to interview on 10/18/16 at 5:25 pm with the Administrator. 11. Room #140, there was 2 beds, occupied by 2 residents, and no lamp in the room. Based on observation and attempt interview on 10/18/16 it was determined that one of the	{D 093}		

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{D 093}	Continued From page 10 residents in room #140 was not interviewable. The second resident in room #140 out of the facility and not available for interview. Refer to interview on 10/18/16 at 5:25 pm with the Administrator. 12. Room #100, there were 2 beds and no lamps in the room. Both beds were not accessible to the light switch on the wall next to the entrance door of the room. The residents in room #100 were not available for interview. Refer to interview on 10/18/16 at 5:25 pm with the Administrator. Interview on 10/18/16 at 5:25 pm with the Administrator revealed: -She was in the facility almost daily. -She was aware some resident rooms did not have lamps since July 2016. -She had no reason why she did not get lamps for the residents' rooms, but she will get bedside lamps as soon as possible.	{D 093}		
D 105	10A NCAC 13F .0311(a) Other Requirements 10A NCAC 13F .0311 Other Requirements (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. This Rule is not met as evidenced by: Based on observations and interviews, the facility	D 105		

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failed assure knobs were available to control room temperature from cold to hot for 6 of 20 (Room #113, #119, #120, #123, #124, and #140) resident rooms.

The findings are:

Observations and interviews on 9:50 am until 10:20 am during the initial tour of the facility revealed the heat/AC units in resident rooms were missing control knobs:

1. In resident room #113; two residents resided in the room.
-The heat/AC unit was an individual unit mounted to the wall.
-The unit was on as observed from the sounds and breezes of air coming from the unit.
-There was no knob to control the temperature setting.
-There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located.
-The temperature setting of the unit could not be determined.
-There was no mechanism available for residents to control the temperature settings to their comfort level.

The residents in the room were not available for interview.

2. In resident room #119; the heat/AC unit was an individual unit mounted to the wall.
-The unit was on as observed from the sounds and breeze of air coming from the unit.
-There was no knob to control the temperature setting.
-There was a slender dark grey piece of metal sticking up from the place where the control knob

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D 105	Continued From page 12	D 105		

should have been located.
-There was no mechanism available for residents to adjust the temperature settings to their comfort level.

Interview on 10/18/16 at 10:50 am with the resident in room #119 revealed the Medication Aides had knobs in their pockets, and when necessary he asked the Medication Aide to adjust the heat/ac unit when necessary.

3. In resident room #120; the heat/AC unit was an individual unit mounted to the wall.
-The unit was not on as observed from no sounds or breezes coming from the unit.
-There was no knob to control the temperature setting.
-There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located.
-There was no mechanism available for the resident to adjust temperature settings to their comfort level.
-The resident was not available for interview.

4. In resident room #123; two residents resided in this room.
-The heat/AC unit was an individual unit mounted to the wall.
-The unit was on as observed from the sounds and breezes of air coming from the unit.
-There was no knob to control the temperature setting.
-There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located.
-There was no mechanism available for residents to adjust temperature settings to their comfort level.

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D 105	Continued From page 13 Interview on 10/18/16 at 11:18 am with one of the residents in room #123 revealed: -The control knobs had been missing from the heat/ac unit since she moved into the facility in May 2015. -She was unaware what happened to the control knobs, and it was difficult for her to adjust the temperatures, but if she asked staff to adjust the temperature for her, they would. Based on observation and attempt interview, it was the determined the second resident in room #123 was not interviewable. 5. In resident room #124; one residents resided in this room. -The heat/AC unit was an individual unit mounted to the wall. -The unit was on as observed from the sounds and breezes of air coming from the unit. -There was no knob to control the temperature setting. -There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located. -There was no mechanism available for residents to adjust temperature settings to their comfort level. Based on observation and attempted interview on 10/18/16 the one resident in room #124 was determined not to be interviewable. 6. In resident room #140; two residents resided in the room. -The heat/AC unit was an individual unit mounted to the wall. -The unit was not on with no sounds or breezes coming from the unit. -There was no knob to control the temperature	D 105		

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D 105	Continued From page 14	D 105		

setting.
-There was a slender dark grey piece of metal sticking up from the place where the control knob should have been located.
-The temperature setting of the unit could not be determined.
-There was no mechanism available for the resident to adjust temperature settings to their comfort level.

Based on observation and attempt interview on 10/18/16 it was determined that one of the residents in room #140 was not interviewable.

The second resident in room #140 out of the facility and not available for interview.

Review of the Environmental Health inspection report dated 5/25/16 revealed documentation the facility did not have control knobs on the heat/AC units. The report did not list specific room numbers.

Interview on 10/18/16 at 11:00 am with Personal Care Aide (PCA) revealed:
He had seen knobs missing from some heat/AC units, but was unaware what happened to them.
-Some residents adjusted the temperature themselves, or staff adjusted the temperature.
-Maintenance had heat/AC unit control knobs in their car because the residents keep pulling the knobs off.

Interview on 10/18/16 at 4:15 pm with the Administrator revealed:
-In May 2016, the Environmental Health inspector made her aware the control knobs were missing from the heat/AC units.
-In May 2016, she replaced the control knobs on all the units.

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D 105	Continued From page 15 -She was unaware some units were still missing control knobs -She thought "the residents must be taking the control knobs off units and throwing them away". -She aware in July 2016, some of the control knobs were missing. -She planned to replace to the knobs, and guaranteed the knobs would be replaced by the end of the week.	D 105		
{D 137}	10A NCAC 13F .0407(a)(5) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256; This Rule is not met as evidenced by: UNABATED TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure 2 of 4 sampled staff (Staff C and D) had no substantial findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hiring. The findings are: A. Review of Staff C's personnel record revealed: -No documentation of hire date or job description. -No documentation of a completed HCPR check. No HCPR was provided for Staff C before the exit of the survey.	{D 137}		

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{D 137}	Continued From page 16 Observation on 10/18/16 from 9:45 am to 3:00 pm revealed: -Staff C was in the facility laundry room. -Staff C was washing bed linen, resident clothes and other items at the facility. -Staff C folded residents' clothing and took them to the residents' rooms. Interview on 10/19/16 at 11:16 am with Staff C revealed: -She started working at the facility 06/02/15. -She started working as a housekeeper, and 1 month ago was switched to laundry. -She washed and folded residents' clothes, bed lining, and towels. Interview on 10/18/16 at 5:47 pm with the Office Volunteer worker revealed: -He was responsible for obtaining HCPR for new employees. -He had not requested an HCPR for Staff C because he had not been directed to do so. -He suggested to check with the Assistant Administrator to see if he had obtained an HCPR for Staff C. Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed: -He had not obtained HCPR for Staff C because that was not his responsibility. -It was the responsibility of the office volunteer person. Interview on 10/18/16 at 5:45 pm with the Administrator revealed: -"I did not have complete employee records for Staff C because she thought as of exit the last survey July 2016, all she needed to obtain was a TB test, so that was all she got for Staff C." -She had not completed HCPR checks online for	{D 137}		

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{D 137}	Continued From page 17 Staff C. -She will complete HCPR on Staff C today. B. Review of Staff D's personnel record revealed: -No documentation of hire date or job description. -No documentation of a completed HCPR check. No completed HCPR check was provided by the Administrator for Staff D before exit on 10/20/16. Observation on 10/18/16 from 9:45 am to 3:00 pm revealed: -Staff D was in resident rooms mopping floors, cleaning the bathrooms (toilets, tubs and showers), cleaning chairs, mopping the dining room, emptying trash cans, and performing a variety of housekeeping duties. Interview on 10/20/16 at 11:14 am with Staff D revealed: -He worked at the facility since June 2, 2015. -He was a housekeepers, and worked Monday through Friday 8:00 am to 4:00 pm. -His duties included mopping floors, cleaning the bathrooms, mopping the dining room, emptying trash cans, and doing various housekeeping duties. -He brought employee records with him from a previous employer with him, and gave them to the Administrator. -He was unaware where those documents were located. Interview on 10/18/16 at 5:47 pm with the Office Volunteer worker revealed: -He was responsible for obtaining HCPR for new employees. -He had not requested an HCPR for Staff D because he had not been directed to do so. -He was unaware how long Staff D had worked at	{D 137}		

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{D 137}	Continued From page 18 the facility. -He suggested to check with the Assistant Administrator to see if he had obtained an HCPR for Staff D. Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed: -He had not obtained HCPR for Staff D because that was not his responsibility. Interview on 10/18/16 at 5:45 pm with the Administrator revealed: -"I did not have complete employee records for Staff D because she thought as of exit the last survey July 2016, all she needed to obtain was a TB test, so that was all she got for Staff D." -She had not completed HCPR checks online for Staff D. -She will complete HCPR on Staff D today. _____ A Plan of Protection was provided by the facility on 10/18/16: -She will complete a HCPR check on Staff C and D immediately. -Office staff must present a copy of the HCPR to the Administrator before a person is hired for employment. -The Administrator will monitor every other month to ensure HCPR completed for all new employees. CORRECTION DATE FOR THE UNABATED TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 21, 2016.	{D 137}		
{D 139}	10A NCAC 13F .0407(a)(7) Other Staff Qualifications 10A NCAC 13F .0407 Other Staff Qualifications	{D 139}		

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{D 139}	Continued From page 19 (a) Each staff person at an adult care home shall: (7) have a criminal background check in accordance with G.S. 114-19.10 and 131D-40; This Rule is not met as evidenced by: UNABATED TYPE B VIOLATION Based on record reviews and interviews, the facility failed to assure a Criminal Background check was completed prior to hire for 4 of 4 sampled staff (Staff A, B, C, and D). The findings are: A. Review of Staff A's personnel records revealed: -Staff A was hired on 5/05/16 as a Laundry attendant. -No documentation of a completed criminal background check. Observation on 10/18/16 from 9:45 am to 3:00 pm revealed: -Staff A was pushing a housekeeping cart with a mop, broom, and cleaning supplies. -Staff A was observed going in and out of residents rooms mopping floors, sweeping, and emptying trash cans. Interview on 10/19/16 at 11:25 am Staff A revealed: -He worked at the facility since late April or early May 2016. -Initially, he worked in the laundry room, but 1 month ago was moved to housekeeping supervisor. -His overall responsibilities included overseeing housekeeper to make sure they complete their duties. -When short of staff he worked as a	{D 139}		

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{D 139}	Continued From page 20	{D 139}		

housekeeper.
-He obtained a criminal background for personal reasons, but it was prior to starting work at the facility.
-No one at the facility had said anything to him regarding obtaining a criminal background check.

Interview on 10/18/16 at 5:45 am with the Administrator revealed:
-She had an assistant that was responsible for obtaining criminal background checks.
-She thought her assistant had obtained a criminal background check for Staff A, but was unable to locate the check.

Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed he did not have criminal background check for Staff A, but he would request one today.

B. Review of Staff B's personnel records revealed:
-Staff B was hired on 03/21/13 as a Personal Care Aide.
-No documentation of a completed criminal background check.

Observation on 10/18/16 from 9:45 am to 3:00 pm revealed:
-Staff B was assisting residents with transferring, to the bathroom, feeding assistance, and incontinent care.

Interviews on 10/19/16 at 11:36 am Staff B revealed:
-He was a Certified Nursing Assistant.
-He worked at the facility since March 2013.
-His duties and responsibilities included bathing residents, providing hygiene care, incontinent care, dressing, walking, feeding and transferring

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{D 139}	Continued From page 21 from bed to wheelchair. -He was sure a criminal background check was completed on him when he started working at the facility. -A criminal background check was not discussed with him, but he did so much paperwork, he was sure the criminal back check was done on him. Interview on 10/18/16 at 5:45 am with the Administrator revealed: -She had an assistant that was responsible for obtaining criminal background checks. -She thought her assistant had obtained a criminal background check for Staff B, but was unable to locate the check. Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed he did not have criminal background check for Staff B but he would request one today. C. Review of Staff C's personnel record revealed: -No documentation of hire date or job description. -No documentation of a completed criminal background check. Observation on 10/18/16 from 9:45 am to 3:00 pm revealed: -Staff C was in the facility laundry room. -Staff C was washing bed linen, resident clothes and other items at the facility. -Staff C folded residents' clothing and took them to the residents' rooms. Interviews on 10/19/16 at 11:16 am with Staff C revealed: -She started working at the facility 06/02/15. -She worked Monday through Friday from 8:00 am to 4:00 pm. -She started working at the facility as a	{D 139}		

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housekeeper, but 1 month ago was switched to laundry attendant.
-As laundry attendant she washed and folded residents' clothes, bed lining, and towels.
-She did a criminal background check for herself and gave it to the Administrator when she started working at the facility in June 2015.
-The Administrator had not discussed doing another criminal background check since she started working at the facility.

Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed:
-He thought a criminal background check had been completed for Staff C.
-He searched his paperwork but was unable to locate a criminal background check.
-He would obtain another criminal background for Staff C.

Interview on 10/18/16 at 5:45 am with the Administrator revealed:
-Her assistant was responsible for obtaining criminal background checks.
-She thought her assistant had obtained a criminal background check for Staff C, but was unable to locate the check.

D. Review of Staff D's personnel record revealed:
-No documentation of hire date or job description.
-No documentation of a completed criminal background check.

Observation on 10/18/16 from 9:45 am to 3:00 pm revealed:
-Staff D was in resident rooms mopping floors, cleaning the bathrooms (toilets, tubs and showers), cleaning chairs, mopping the dining room, emptying trash cans, and performing a variety of housekeeping duties.

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{D 139}	Continued From page 23 Interview on 10/20/16 at 11:14 am with Staff D revealed: -He worked at the facility since June 2, 2015. -He was a housekeepers, and worked Monday through Friday 8:00 am to 4:00 pm. -His duties included mopping floors, cleaning the bathrooms, mopping the dining room, emptying trash cans, and doing various housekeeping duties. -He brought a criminal background check with him when started working at the facility. -He was unaware where those documents were located. Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed: -He had not obtained a criminal background check for Staff D, but would obtain one today. A Plan of Protection was provided by the facility on 10/18/16. -Immediately, she will check "Fast Point" system for the criminal background checks. -This will be done before a person is hired for employment. -This will be monitored monthly by office staff. CORRECTION DATE FOR THE UNABATED TYPE B VIOLATION SHALL NOT EXCEED OCTOBER 21, 2016.	{D 139}		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments	D 358		

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by staff are in accordance with:
(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and
(2) rules in this Section and the facility's policies and procedures.

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews, the facility failed to assure medications were administered as ordered by the licensed prescribing practitioner for 1 of 3 sampled residents (#3) with orders for Meloxicam (used to treat pain or inflammation).

The findings are:

Review of Resident #3's current FL2 dated 08/18/15 revealed:
-Diagnoses included Alzheimer's dementia, hypertension, chronic back pain, chronic coronary artery disease, and hyperlipidemia.
-There was an order for Meloxicam 7.5mg once daily.

Review of Resident #3's record revealed:
-The physician wrote orders to discontinue Meloxicam 7.5mg on 04/04/16.

Review of Resident #3's August 2016 Medication Administration Records (MARs) revealed:
-Meloxicam 7.5mg was printed on the MAR.
-Meloxicam 7.5mg was scheduled to be administered at 8:00 am.
-The word "D/C" was hand written on the MAR by Meloxicam.
-There was no documentation Meloxicam was administered from 08/01/16 - 08/31/16.

Review of Resident #3's September 2016 MAR revealed:

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-Meloxicam 7.5mg was printed on the MAR.
-Meloxicam 7.5mg was scheduled to be administered at 8:00 am.
-There was documentation Meloxicam was administered daily at 8:00 am from 09/01/16 - 09/30/16.

Review of Resident #3's October 2016 MAR revealed:
-Meloxicam 7.5mg was printed on the MAR.
-Meloxicam 7.5mg was scheduled to be administered at 8:00 am.
-There was documentation Meloxicam was administered daily at 8:00 am from 10/01/16 - 10/18/16.

Observation on 10/18/16 at 3:50 pm of Resident #3's medications on hand at the facility revealed Meloxicam 7.5mg was available for administration.

Interview on 10/18/16 at 3:55 pm with the Administrator revealed:
-She was unaware of an order to discontinue Meloxicam.
-She worked as a Medication Aide 3-4 days a week.
-When administering medications she gave Meloxicam 7.5mg to Resident #3.
-She administered Meloxicam 7.5mg to Resident #3 this morning at 8:00 am.
-When a resident received new orders the Medication Aide on duty was to fax the new order to the pharmacy, and write the new order on the MAR.
-The facility did not have a system in place to ensure orders received were sent to the pharmacy.
-She was not sure which staff documented "D/C" on the August 2016 MARs by Meloxicam, but that

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D 358	Continued From page 26 staff should have followed-up to ensure the pharmacy received the discontinue order. Interview on 10/18/16 at 3:59 am with the pharmacy revealed: -They filled Resident #3's order for Meloxicam 7.5mg every month in April, May, June, July, August, September, and October 2016 for 30 or 31 tablets, depending on the month. -They had never received an order to discontinue Meloxicam. -If the facility had an order to discontinue the medication they should have faxed the order to the pharmacy. Attempted telephone interview on 10/19/16 at 10:16 am to Resident #3's physician was unsuccessful. Based on record review, observation and attempted interview on 10/18/16 it was determined Resident #3 was not interviewable.	D 358		
D 449	10A NCAC 13F .1211 (b) Written Policies And Procedures 10A NCAC 13F .1211Written Policies And Procedures (b) In addition to other training and orientation requirements in this Subchapter, all staff shall be trained within 30 days of hire on the policies and procedures listed as Subparagraphs (3), (4), (6), (7), (8), (9), (10) and (11) in Paragraph (a) of this Rule. This Rule is not met as evidenced by:	D 449		

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D 449	Continued From page 27 Based on observations, interviews, record reviews, the facility failed to assure 4 of 4 sampled staff completed training in infection control within 30 days of hire on the policy and procedures of infection control (Staff A, B, C, and D). The findings are: A. Review of Staff A's personnel records revealed: -Staff A was hired on 5/05/16 as a Laundry attendant. -No documentation Staff A had infection control training. Observation on 10/18/16 from 9:45 am to 3:00 pm revealed: -Staff A was pushing a housekeeping cart with a mop, broom, and cleaning supplies. -Staff A was observed going in and out of residents rooms mopping floors, sweeping, and emptying trash cans. Interviews on 10/19/16 at 11:25 am Staff A revealed: -He worked at the facility since late April or early May 2016. -Initially, he worked in the laundry room, but 1 month ago was moved to housekeeping supervisor. -His overall responsibilities included overseeing housekeeper to make sure they complete their duties. -When short of staff he worked as a housekeeper. -He had not received any infection control training since he began employment at the facility. -No one at the facility had informed he was required to have infection control training.	D 449		

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	HAL034019	A. BUILDING: _____ B. WING _____	R 10/20/2016

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D 449	Continued From page 28 Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed: -He was responsible for ensuring employees had all required training. -He thought that Staff A had infection control training, but when he searched he found out the training was held prior to Staff A's date of employment. Refer to interview on 10/18/16 at 5:29 pm with the Administrator. B. Review of Staff B's personnel records revealed: -Staff B was hired on 03/21/13 as a Personal Care Aide. -No documentation Staff B had infection control training. Observation on 10/18/16 from 9:45 am to 3:00 pm revealed: -Staff B was assisting residents with transferring, to the bathroom, feeding assistance, and incontinent care. Interviews on 10/19/16 at 11:36 am Staff B revealed: -He was a Certified Nursing Assistant (CNA). -He worked at the facility since March 2013. -His duties and responsibilities included bathing residents, providing hygiene care, incontinent care, dressing, walking, feeding and transferring from bed to wheelchair. -He thought he had infection control training, but was unable to recall a specific month or date, and could not recall topics covered. Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed:	D 449		

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D 449	Continued From page 29	D 449		

-He was sure that Staff B was in attendance for the annual infection control training, but when he searched the records he found that Staff B had not attended the training.
-He was unable to locate any documentation Staff B had infection control training.

Refer to interview on 10/18/16 at 5:29 pm with the Administrator.

C. Review of Staff C's personnel record revealed:
-No documentation of hire date or job description.
-No documentation Staff C had infection control training.

Observation on 10/18/16 from 9:45 am to 3:00 pm revealed:
-Staff C was in the facility laundry room.
-Staff C was washing bed linen, resident clothes and other items at the facility.
-Staff C folded residents' clothing and took them to the residents' rooms.

Interviews on 10/19/16 at 11:16 am with Staff C revealed:
-She started working at the facility 06/02/15.
-She worked Monday through Friday from 8:00 am to 4:00 pm.
-She started working at the facility as a housekeeper, but 1 month ago was switched to laundry attendant.
-As laundry attendant she washed and folded residents' clothes, bed lining, and towels.
-She does not recall any training being provided by the facility since her employment.

Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed:
-He had not provided infection control training to Staff C.

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D 449	Continued From page 30 -He would ensure the training was completed as soon as possible. Refer to interview on 10/18/16 at 5:29 pm with the Administrator. D. Review of Staff D's personnel record revealed: -No documentation of hire date or job description. -No documentation Staff D had infection control training. Observation on 10/18/16 from 9:45 am to 3:00 pm revealed: -Staff D was in resident rooms mopping floors, cleaning the bathrooms (toilets, tubs and showers), cleaning chairs, mopping the dining room, emptying trash cans, and performing a variety of housekeeping duties. Interview on 10/20/16 at 11:14 am with Staff D revealed: -He worked at the facility since June 2, 2015. -He was a housekeepers, and worked Monday through Friday 8:00 am to 4:00 pm. -His duties included mopping floors, cleaning the bathrooms, mopping the dining room, emptying trash cans, and doing various housekeeping duties. -He had no training since his employment at the facility in June 2015. -No one at the facility had said anything to him regarding infection control training. Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed: -He had not provided infection control training to Staff D. -He will provide the training as soon as possible. Refer to interview on 10/18/16 at 5:29 pm with the	D 449		

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D 449	Continued From page 31 Administrator. _____ Interview on 10/18/16 at 5:29 pm with the Administrator revealed: -She was unaware all staff were required to complete infection control training upon hire. -The facility had a policy on infection control that she kept in the main office. -She did not provide infection control training upon hire to all staff.	D 449		
{D912}	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received the care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations as related to North Carolina Health Care Personnel Registry and Criminal Background check. The findings are: 1. Based on interviews and record reviews, the facility failed to ensure 2 of 4 sampled staff (Staff C and D) had no substantial findings listed on the North Carolina Health Care Personnel Registry	{D912}		

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{D912}	Continued From page 32 (HCPR) prior to hiring. [Refer to Tag D137, 10A NCAC 13F. 0407(a)(5) Other staffing (Unabated Type B Violation)]. 2. Based on record review and interview, the facility failed to assure a Criminal Background check was completed prior to hire for 4 of 4 sampled staff (Staff A, B, C, and D). [Refer to Tag D139, 10A NCAC 13F. 0407(a)(7) Other staffing (unabated Type B Violation)].	{D912}		
{D992}	G.S.§ 131D-45 (a) Examination and screening G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes. (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled	{D992}		

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{D992}	Continued From page 33 substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure an examination and screening for the presence of controlled substances was performed for 3 of 4 sampled staff (Staff A, C, and D) hired after 10/1/13 before the employee began working at the facility. The findings are: A. Review of Staff A's personnel file revealed: -He was hired on 5/06/16 as a laundry attendant. -There was no documentation a controlled substance screening was performed before Staff A began working at the facility. Interviews on 10/19/16 at 11:25 am Staff A revealed: -He worked at the facility since late April or early May 2016. -Initially, he worked in the laundry room, but 1 month ago was moved to housekeeping supervisor. -His overall responsibilities included overseeing housekeeper to make sure they complete their duties. -When the facility was short of staff he worked as a housekeeper. -He had not done a controlled drug screening since he started working at the facility.	{D992}		

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{D992}	Continued From page 34 Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed: -He was unaware that he needed to obtain controlled drug test for all new employees. -He had not obtained a controlled drug test for Staff A. -He will obtain a controlled drug test as soon as possible. B. Review of Staff C's personnel record revealed: -There was no hire date or job description. -There was no documentation of a controlled drug screening. Observation on 10/18/16 from 9:45 am to 3:00 pm revealed: -Staff C was in the facility laundry room. -Staff C was washing bed linen, resident clothes and other items at the facility. -Staff C folded residents' clothing and took them to the residents' rooms. Interviews on 10/19/16 at 11:16 am with Staff C revealed: -She started working at the facility 06/02/15. -She worked Monday through Friday from 8:00 am to 4:00 pm. -She was unaware she needed a controlled drug test. -She had not been asked to complete a controlled drug screening since she started working at the facility. Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed: -He was responsible for obtaining employment documents when new staff were hired. -He was unaware that he needed to obtain a controlled drug screening for Staff C.	{D992}		

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{D992}	Continued From page 35 C. Review of Staff D's personnel record revealed: -There was no hire date or job description. -There was no documentation a controlled drug screening was obtained for Staff D. Observation on 10/18/16 from 9:45 am to 3:00 pm revealed: -Staff D was in resident rooms mopping floors, cleaning the bathrooms (toilets, tubs and showers), cleaning chairs, mopping the dining room, emptying trash cans, and performing a variety of housekeeping duties. Interview on 10/20/16 at 11:14 am with Staff D revealed: -He worked at the facility since June 2, 2015. -He was a housekeepers, and worked Monday through Friday 8:00 am to 4:00 pm. -His duties included mopping floors, cleaning the bathrooms, mopping the dining room, emptying trash cans, and doing various housekeeping duties. -He was unaware that he needed a controlled drug test upon employment. -He does not recall the facility doing a controlled drug test. Interview on 10/19/16 at 10:58 am with the Assistant Administrator revealed: -Obtaining necessary employment documents was his responsibility, he was unaware that he was required to obtain controlled drug screening for all new employees. -He had not obtained a controlled drug test for Staff D. -He will obtain a controlled drug test as soon as possible.	{D992}		